## Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE DEPARTMENT OF ARCHIVES & HISTORY

	GEURG I A				#200#DB #	MAKUSHESI PITI		, ,		
1. Application Date out 25, 19		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies								
2 Agency Application No.	<del></del>	rd to Department of A	irohives and History,	Attention:	NOV 3	0 1971	91	DEC 1	1971	
GDPH 3	Records N	anagement Officer.		, !			מפר			
3 . AGENCY, Division, Subdiv	vision & Administeri	ng Office Address			4 Person t	o Contact			. ,	
Georgia Departm	ent of Publ	ic Health								
Cancer Control Service					Mrs. Louise Lancaster					
47 Trinity Ave., S.W.					5 . Working	litle		6. Tel. No.		
			and the second s		Office	Supervi	sor	656 <b>-</b> 4867		
7.ACTION REQUE	STED	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·							
		CION STANDA!						MULATION ANTICIF	-	
8. Inclusive Dates	9 . EXACT	SERIES TITLE		Paris Later Inches	Total Control of the	and a second of the second of	- 1/ -			
1938 - 1971		Decensed	CANCER	case	. H is 70	ry F	, /e			
O . What function performed	resulted in creation	n of this series		۷,	,					
TThere is not the said							_	:	_	

When a patient applies for State aid, a medical history and financial history is evaluated by State Office and the patient is either approved or disapproved. If approved, the patient is given an appointment to the appropriate clinic for medical treatment. If malignancy is proven, a report of the findings and a treatment plan is forwarded from the clinic to the State Office. Hereafter, monthly clinic reports on the patient are forwarded to the Department stating the treatment and the invoices of the treatment. The pre-audit of the bills is accomplished and bills are paid and attached to the case history.

DESCRIPTION OF SERIES - Include Form No. & Form Title, if any

Cancer case histories include application for State Aid and treatment of Cancer (PD 1.1), pathology reports (PD 1.2), hospital invoices (PD 1.4), monthly clinic reports (PD 1.5), and initial report (PD 1.6), correspondence regarding patient, between physicians, hospitals and clinics, request for transfer of patients to new clinic or better equipped facility. discharge summary from hospitals, and copies of X-ray reports and invoices.

	المراجع والأشر والتراجع	البرائطانية وجور ففده شموجهم						4
12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records		Wo. of Dravers		Cu. Pt. of Records		
Letter-size File Drawers	. 5	7 <sup>1</sup> 2	ANNUAL RATE OF ACCUMULATION		5	<b>7</b> ½	5	
Legal-size File Drawers	340	,	Floor Space Occupied (Square Feet)	In Off.	ice(s)	In Storag	e Area(s)	
			By Annual Accumulation	This Year's	Last Year's	Preceding Year's	All Prior	ļ
		·	AVERAGE DAILY REFERENCES	1	1	0	0	

Form: AR-50-71

QUESTIONNAIRE Place	an "x" in the proper column. If answer is "YES," please explain	YES	NO
13. Is this the Record	i Copy of the series?	i []	
14. Is there a duplica	ation of this series in another office or agency?	. []	[]
15. Is the information	on contained in this series ever summarized or published?	[]	[]
16. Does the series co	ontain classified information requiring security handling?	[]	[]
17. Does the series do	ocument policies and procedures of agency's operation or function	on? []	[]
18. Could the function	n be performed if the files were lost or destroyed?	[]	[]
19. Is the series (or	major portion of it) regularly microfilmed? If yes, why?	[]	[]
20. Does the record se	eries provide data as input to an EDP file?	[]	[]
21. Does the record se	eries contain documentation produced as EDP printout?	[]	·[]
22. Is the series affe	ected by Federal or grant funds?	[]	[]
23. Will there be a ne	eed for these records 10, 15 years from now? If yes, what?	. []	[]
24. REQUIREMENTS. The	following requires the files to be kept5years:		
a.[]STATE b.[]STATU	TE OF c.[]AUDIT d.[]FEDERAL e.[]ADMINISTRATIVE f.[]HIS		ب
(Cite	CATION PERIOD LAW DECISION VAI Law, Statute, or other reason for the retention requirement)	.UE	•
To provide access for	r statistical study - Cancer Survival Study		
25. AGENCY RECOMMENDAT	IONS. This agency recommends that the file series be cut off a	t the e	nd
of each -[]CALENI	DAR YEAR -[]FISCAL YEAR - DOTHER After death of patient	,the	en:
	ately after cut off. urrent files areamonth(s)/year(s), then:		
	Destroy. 2 []Transfer to records center; hold 5 year(s), then:		ı
	a [x]Destroy.  b []Transfer historical material to Archives;		
3 []1	destroy remainder. Destroy after audit (or year(s) after audit).		•
C.[]Hold in currer	nt files area indefinitely.  urrent files area year(s), then transfer to Archives perm	nonentla	.r
E.[]Other	w.	1011011011	•
-	fly rationale for recommendations above/or write additional remo	rks):	
10 provide an opport	(ATTACH SAMPLES OF THE SERIES WHEN POSSIBLE)	, , , , , , , , , , , , , , , , , , ,	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
26. Inventory taken by	Recommendations prepared by Approved for Division Date Records Management Cruse Lancaster pd-rachuse 20 Sep 71	Officer	Date
Recommendations	[JApproved []Disapproved John H. Venalle M.D.	Date	. 7 . 7 . 7 . 7
in Paragraph 25	[Approved []Disapproved Curall Here	Date	257/ 26-7
are:	[JApproved []Disapproved   Stephing of State	Date	29 <i>-7/</i>
4.0.	[Approved []Disapproved //mms Vaites	Date	30-71 30-21
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